

Georgia Wing Civil Air Patrol

Emergency Services

Request for SAR Training Activity/Exercise Mission Number

This form is to be used to request a mission number for all SAR exercises or ES training activities. Funded ES training activities or exercises are dependent upon the availability of training funds.

Type of training activity requested: ☐ Funded SAR Exercise ☐ Funded ES Training Activity
☐ Non-funded SAR Exercise ☐ Non-funded ES Training Activity

If training funds are not available do you desire a non-funded mission number? _____

Person requesting activity: _____ Position: _____ Date: _____

Date(s) of requested activity: _____ Location: _____

Description of activity: _____

Please list the following staff members for this activity (information is required). Personnel must be ES qualified.

Project Officer: _____ (Required for all applications)

Safety Officer: _____ (Required for all applications)

Incident Commander: _____ (Required for all SAR Exercises)

List the names of the TTT qualified and/or monitored personnel who will be participating to conduct training and/or task evaluations, and their ES Specialty(s): _____

What communications resources do you plan to use (frequencies, repeaters, etc.): _____

It is the responsibility of the project officer planning the activity to contact the Georgia Wing Director of Communications to coordinate communications needs.

List any non-CAP agencies that you are planning to involve or have participate: _____

List any non-Georgia Wing CAP participants you plan to invite: _____

What units in Georgia is this activity open to? _____

What do you hope to accomplish with this training? _____

Georgia Wing Civil Air Patrol

Emergency Services

Give a schedule of events, training activities, and scenarios planned, etc: (attach additional sheets if needed):

List any assistance or support you request from GAWG/DOS: _____

For funded mission requests:

C-172 flying hours _____ at \$50 per hour: \$_____ Ground fuel transportation estimate: \$_____

C-182 flying hours _____ at \$60 per hour: \$_____ Communication estimate: \$_____

Total amount requested: \$ _____

Project Officer/Point-of-Contact:

Name: _____ Grade: _____ Position: _____

Home Phone: _____ Business Phone: _____ E-mail: _____

Has this activity been posted on the GAWG Web Calendar (ACES)? _____ Date: _____

This information must be received by GAWG/DOS a minimum of 60 days in advance of the planned activity for a funded event and 30 days in advance for a non-funded event to allow time for coordination and approval. Send form to:

Lt. Col. Richard Williams, GAWG/DOS
P. O. Box 2224
Warner Robins, Georgia 31099-2224
H - (478) 929-1734
E-mail: richwill@aol.com